1. I, **Dr. Nitin Dwarkadas Adwani**
   S/o, D/o, W/o **Dwarkadas Gokuldas Adwani**

2. Date of Birth (DD/MM/YYYY):

0	8	0	5	1	9	8	4

3. Residential Address of Faculty:

   (a) Present:- C/O **Dr.D.G.Adwani, Adwani multispeciality dental hospital, ambapeth Amravati, Maharashtra 444601**

   (b) Permanent :- C/O **Dr.D.G.Adwani, Adwani multispeciality dental hospital, ambapeth Amravati, Maharashtra 444601**

4. Contact Details: Mobile No.:- **9665048414**
   Email:- **drnitinadwani@gmail.com**

*5. Any one documents from 5a and 5b is mandatory:-

5a.	Proof of Photo ID	Document No.	5b.	Proof of Residence	Document No.
1.	Passport		1.	Passport	
2.	Voter ID Card		2.	Aadhaar Card	**XXXXXXXX0109**
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	**XXXXXXXX0109**	4.	Bill – Electricity / Landline Phone	
			5.	Regd.Rent Agreement	

Note: - Original Documents are mandatory for verification. All Documents/Certified Translations, must be in English.

*6. Pan Card No. **XXXXXX274P** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX0109** Certified copy to be enclosed.

*8. Qualifications:

Degree	Name of the Institution	University	Year & Month of Passing	Speciality	Name of the State Dental Council	*Registration No. of UG & PG with date of Renewal
B.D.S.	**V.Y.W.S dental college & hospital Amravati**	**M.U.H.S Nashik**	**2009**		**MSDC**	**A-16726 04.02.2021**
M.D.S.	**S.P.D.C wardha, DMIMS Nagpur**	**DMIMS Nagpur**	**2013**		**MSDC**	**A-16726 04.02.2021**
Any Other						

***Enclosed certified copy of the State Council Registration renewed till date.**

9. Present Designation: **Reader**

10. Name and Postal Address of College/Institution: **V.Y.W.S Dental College & Hospital, Camp Amravati Maharashtra**

*11. Present Institute Appointment Order No. **DCA/967/2013** Date **11.03.2013**

*12. Before joining present institution I was working at **N.A** (Fresh joining at this Institution) as **N.A** and relieved on **N.A** after Resigning/Retiring.

   (i) Appointment Order No. **N.A** & Date **N.A** of the previous appointment:
   (ii) Relieving Order No **N.A** & Date **N.A**

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor				
Lecturer/Asst. Professor	**V.Y.W.S Dental College & Hospital**	**11.03.2013**	**30.09.2021**	**08 years, 06 months, 20 day**
Reader/Associate Professor	**V.Y.W.S Dental College & Hospital**	**01.10.2021**	**Till Date**	**--**
Professor				
Dean/Principal				

***** Less than one year teaching experience will not be considered. ***** Use separate box for each Institution.

DETAILS OF PUBLICATIONS:

S.No.	Title of the Articles	Journal Details	Points
1.	**List Attached**		**40**

Note: Submit certified clear Photocopies of all the documents mentioned in Serial No. 5, 6, 7, 8, 11, 12, 14 & 15 along with the Affidavit,

DECLARATION

1. I, **Dr. Nitin D Adwani** do hereby give an undertaking that I am working as a full time salaried employee (**as per UGC Norms**) designated as **Reader** in the **Department of Oral and Maxillofacial Surgery** at **V.Y.W.S Dental College & Hospital, Amravati** (name of the college) on all working days, working Hours from **9:00 AM** to **3:05 PM**.

2. I am working as a **Full Time*** faculty.
(***As per Rule 16 of DCI, Master of Dental Surgery Course Regulations, 2017)

3. I have not presented myself to any other Institution as a faculty in the current academic year for the purpose of DCI Inspection.

4. I am practicing at **Adwani Hospital** in the city of **Amravati** and my days and hours of practice are in evening after **4 PM**

5. I, hereby, declare that the above information and documents provided by me are absolutely true, correct and authentic to the best of my knowledge. In the event of any statement made in this declaration is found to be incorrect or false I fully understand that I am liable for any necessary disciplinary/legal action.